

Mercury Test Requisition

Bureau of Laboratories Michigan Department of Community Health

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Phone: 517-335-9490 Fax: 517-335-9776 HTTP://www.Michigan.gov

Date Received at MDCH										MDCH Sample #										
AGENCY - SUBMITTER INFORMATION										ENTER EPIC CODE IF KNOWN >>>>>>										
Return Results to:										Phone										
										Fax										
CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER:																				
SUBMITTER'S SPECIMEN NUMBER - IF APPLICABLE																				
PATIENT INFORMATION																				
SUBMITTER'S PATIENT NUMBER - IF APPLICABLE																				
NAME (LAST, FIRST, MIDDLE INITIAL) Must Match Specimen Label Exactly																				
STREET ADDRESS																				
CITY/STATE/ZIP																				
PHONE															PATIENT'S STATUS			Pregnant	Nursing	
GENDER		RACE																		
Female Male		Black White Multiracial American Indian Asian/Pacific Islander Unknown																		
ANCESTRY		Hispanic Non-Hispanic Unknown			SOCIAL SECURITY #															
DATE OF BIRTH		M	M	D	D	Y	Y	Y	Y	OCCUPATION										
EMPLOYER																				

SPECIMEN & EXPOSURE INFORMATION

5000 URINE - TIME SINCE LAST VOID (HOURS/MINUTES)_____

5003 WHOLE BLOOD OTHER - SPECIFY: _____

TEST REASON DIAGNOSIS SURVEILLANCE OTHER - SPECIFY: _____

DATE COLLECTED	M	M	D	D	Y	Y	Y	Y	TIME COLLECTED					A.M.	P.M.
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PROPERTY OWNER'S NAME (If different from patient)

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OWNER'S PHONE NUMBER												NUMBER OF CHILDREN IN HOUSEHOLD		
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DATE OF EXPOSURE	M	M	D	D	Y	Y	Y	Y	TYPE OF EXPOSURE		Residential	Occupational
Other (Specify)_____												

DESCRIPTION OF EXPOSURE:_____

INSTRUCTIONS FOR SUBMISSION OF VENOUS WHOLE BLOOD AND URINE SPECIMENS FOR MERCURY ANALYSIS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Freeze coolant upon receipt of this Unit!

NOTE: If the specimen container is received leaking, not properly labeled, test requisition not completed or the specimen label does not match the test requisition, the specimen will not be tested. Do not submit serum or blood samples in glass tubes.

Urine Specimen Collection

1. An early morning, cleanly voided, mid-stream sample is desired (instructions for collection should be given by your physician or county health department).
2. Refrigerate the specimen if it will not be processed immediately.
3. Gently swirl the specimen in the capped collection container to resuspend any solids.
4. Transfer the urine from the collection cup provided to the two plastic shipping tubes provided.
5. The ORANGE capped tube **must** be filled to the 10 mL mark. **THIS TUBE AMOUNT MUST BE EXACT TO ENSURE THE PROPER RATIO OF URINE TO PRESERVATIVE.**
6. Recap and gently mix 5-10 times by inverting tube
7. Add 2 mL to the small tube for urine CREATININE.
8. Recap the tube after filling.
9. **Freeze** the urine specimens prior to shipment.

DO NOT OVERFILL TUBES

Venous Whole Blood Specimen Collection

1. Collect venous whole blood specimen in the plastic sample tube provided.
2. **Refrigerate** the venous whole blood sample at two to eight degrees centigrade until ready to ship to the laboratory.

PACKING/SHIPPING INSTRUCTIONS

1. Screw caps on the urine tubes as tightly and evenly as possible. **Tape** the caps on the urine tubes to secure them in place.
2. **Label all** tubes with the same name used on the test requisition.
3. Record the name on the tubes/requisition for your records. You will use it to link the specimen to the patient.
4. When ready to ship, place properly labeled tubes, **wrapped in absorbent material provided**, into plastic bag provided and then place bag containing **frozen** tubes into one aluminum screw-capped can and the **refrigerated** venous whole blood sample into the second aluminum screw-capped can and tighten the caps.
5. Place aluminum cans with completed test requisition into screw-capped cardboard containers and secure tightened caps with tape.
6. **Complete** and apply the orange, return shipping/clinical specimen label provided to corrugated box containing Styrofoam container, **frozen refrigerant** and specimens.
7. Ship by the most rapid and convenient means available (e.g. courier, bus, U.S. Express Mail, etc.) to the appropriate laboratory.